**様式（参考）**

【緊急連絡先一覧（外部機関）】

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 連　　絡　　先 | | 電話 |  | | FAX | 担当者 |
| 夜間 | 休日 |
| 県福祉担当課 | |  |  |  |  |  |
| 市町福祉担当課 | |  |  |  |  |  |
| ○○○消防署 | |  |  |  |  |  |
| ○○○警察署 | |  |  |  |  |  |
| ○○○病院 | |  |  |  |  |  |
| ○○社会福祉協議会 | |  |  |  |  |  |
| 民生委員・児童委員 | |  |  |  |  |  |
| ○○町内会 | |  |  |  |  |  |
| 協力施設 | ○○○○ |  |  |  |  |  |
| ○○○○ |  |  |  |  |  |
| ○○○○ |  |  |  |  |  |
| 協 力 者 | ○○○○ |  |  |  |  |  |
| ○○○○ |  |  |  |  |  |
| ○○○○ |  |  |  |  |  |

【緊急連絡網（施設内）】

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| No. | 氏名 | 住所 | 連絡先 | | メール | |
| 自宅 | 携帯 | 自宅 | 携帯 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

【緊急連絡網（施設外　利用者又は保護者等）】

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | 氏名 | 住所 | 連絡先 | | メール | |
| 自宅 | 携帯 | 自宅 | 携帯 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |